970/9RH7 (19.04)

Approved for use through 07/31/2006. OMB 0861-0022 U.S. Pelant and Traderizate Orice; U.S. DEPARTMENT OF COMMERCE U.S. Pelant and Traderizate Orice; U.S. DEPARTMENT OF COMMERCE U.S. Pelant and Traderizate Orice; U.S. DEPARTMENT OF ORIGINAL AND ORIGINAL									
Ethody		Complete If Known							
FEE TRANSMITTAL				Application Num	10/68	1,340	340		
			AL	Filing Date	Octob	er 9, 2003	9, 2003		
For FY 2005			First Named Invi	entor Sadr					
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	Thact	n H. Bui			
				Art Unit					
TOTAL AMOUNT OF PAYMENT (\$) 150.00 Attorney Docket No. 8052-145									
METHOD OF PAYMENT	(check all	that apply)							
Check Credit Card Money Order None Cother (please identify):									
Deposit Account Dep		•	022095		Count Name:		skin & Parr		
For the above-identifie			actor in her				100.00		
Charge fee(s) in							ept for the filing fee		
		(s) or underpaym	nents, of fe	~~ []			why too, me mind issa		
under 37 CFR 1	1.16 and 1.	.17		[5]	any overpaym				
information and authorization or	PTO-2034		Of CELL BE	OMINOR PROGES IN	y pe meracea e	in this form. Fro	wide credit card		
FEE CALCULATION									
1. BASIC FILING, SEARC			N FEES						
	FILING F	FEES Imail Entity	SEAR	RCH FEES	EXAMINAT				
Application Type	Pee (5)	Fee (5)	Fee (8)	Small Entity Fee (5)		nail Eptity Ese (5)	Fees Paid (\$)		
Utility	300	150	500	250	200	100	,		
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	. 0	0	0	0			
2. EXCESS CLAIM FEES Fee Description						-	Small Entity		
Each claim over 20 or, for I	Reissues,	cach claim ov	er 20 and	I more than in th	e original na	tent	Fee (\$) Fee (\$) 50 25		
Each independent claim ov	er 3 or, fo	ır Reissues, es	ch indepr	andent claim mo	re than in the	original pat	tent 200 100		
Multiple dependent claims						- •	360 180		
23 -20 or HP =	<u>dra Claims</u> 3		-	<u>Paid (8)</u> 150.00	Muitiole Dec	endent Claim			
MP = highest number of total clai	ins paid for,	V greater than 20			CECTO	Fee Pa	10 TS1		
indep. Claims Ex	tra Cisima 0		<u>Fee P</u>	Pato (\$) 0.00		• —			
HP = highast number of independ			han 3						
3. APPLICATION SIZE FE	Œ	4.200.4	_						
If the specification and di	SWINES OF	Keeed 100 sher	es of pay	er, the application	on size fee d	ue is \$250 (\$	125 for small cutity)		
for each additional 50 Total Shorts	istra Shaq	traction there	OL 300 s secofese	35 U.S.C. 41(8)(1 <u>h eddition≥t 50 or</u>	l)(G) and 37	CFR 1.16(8)			
- 100 -				(round up to a w		<u> </u>	Fee Paid (\$) = 0		
4. OTHER FEE(8)					•		Fees Pold (5)		
Non-English Specification, \$130 fee (no small entity discount)									
	Other:								
Other:									
									
Other:	3	7/		Registration No. 41	4.6d	Telephone	(416) 964-7911		

This coloction of information is required by 3f CFR 1.138. This information is required to obtain or retain a benefit by the public which is to the (and by the (04/12)/2 (USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 3f CFR 1.14. This collection is estimated to take 30 minutes to complete, including patheting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of their process of the pull confidence that the submitted to take 30 minutes to complete the term artiful suggestions for reducing with burden, should be sent to the Chief information Owner, U.S. Patient Office, U.S. Department of Commerce, P.O. Box 1450, Albertain, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, Cell 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 681360

CLAIMS AS FILED - PART I												
(Colum							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
]] 7	TOTAL CLAIMS		19					RATE	FEE	OR T		
F	OR	NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE		OR	RATE BASIC FEE	FEE 770.00	
T	OTAL CHARGE	19 m	19 minus 20=		• 0			-	100		770.00	
iN	DEPENDENT (\(\frac{1}{2}\)		. 0			X\$ 9=		OR	X\$18=		
М	MULTIPLE DEPENDENT CLAIM PRESENT							X43=		OR	X86=	
•								+145=		OR	+290=	
	* If the difference in column 1 is less than zero, enter "0" in column 2						_	TOTAL		OR	TOTAL	720
CLAIMS AS AMENDED - PART II OTHER THAN											THAN	
Г		(Column 1) CLAIMS		(Colum		(Column 3)		SMALL		OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.23	Minus	- 2	0	= 3		X\$ 9=		OR	X\$18=	150
¥	Ind pendent	NTATION OF M	Minus	PENDENT	CLAIN	=		X43=		OR	X86=	
—	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
							_	TOTAL DDIT, FEE		OR	TOTAL	150
		(Column 1)		(Colum	n 2)	(Column 3)	î	DUII. FEE I			ADDIT. FEE	
8		CLAIMS REMAINING		HIGHE NUMB	-	PRESENT	Ιг		ADDI-	1		ADDI-
AMENDMENT B		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL FEE	٠.	RATE	TIONAL FEE
	Total	•	Minus	and .		=		X\$ 9=		OR	X\$18=	
AM	Independent	*	Minus	***		=		X43=		OR	X86=	
	MASI PRESE	NTATION OF ML	LTIPLE DEF	ENDENT	CLAIM		▎┠			Un	,,,,,	
							L	+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1) CLAIMS		(Colum	n 2)	(Column 3)	1					
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
9	Total	*	Minus	##		. .	Г	X\$ 9=			X\$18=	
ME	Independent		Minus	***		=	┢			OR		
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		-	X43=	·	OR	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									·			
****	or Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. ADDIT. FEE ADDIT. FEE ADDIT. FEE											
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											